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DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2001-008

In Reply Refer To: 11

May 22, 2001

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER
DESIGNATING CLINICAL PROGRAMS OF EXCELLENCE

1. This Veterans Health Administration (VHA) Information Letter defines the process for designating Programs of Excellence for targeted clinical programs within the VHA health care system. Designation as a Program of Excellence in VHA recognizes a clinical activity or entity that maintains recognized and measurable high quality in its area or discipline. The status of being designated as a Program of Excellence will only be awarded if applicants meet all the requirements specified in this document.

2. VHA wants to identify special, high-performing clinical programs that excel when compared with the best in American health care. Clinical outcomes, patient focus, financial effectiveness and efficiency, productivity, and fulfillment of the dimensions of quality are some of the important criteria in attaining a designation of "Program of Excellence."

3. VHA continues to promote those clinical programs and services that provide exceptional quality while meeting the highest standards of clinical care, patient satisfaction, resource utilization and, when applicable, the highest standards for teaching and research. Programs and services that meet those standards will be among the best in health care and will be designated by the Under Secretary for Health as "Programs of Excellence." This designation is made for a period for two years. Continued designation as a "Program of Excellence" is contingent upon successfully recompeting each two years. Programs of Excellence will be expected to serve as models for the veterans health care system, and as information and referral sources to help others in the system achieve excellence in the measurement of clinical outcomes, clinical care and, where applicable, teaching, and research.

4. Network Directors, in conjunction with individual facilities and clinical disciplines, are encouraged to nominate potential Programs of Excellence in the following areas:

NOTE: *Four new programs are being added this year to the group of 14 for which nominations were sought in April, 1999. New programs are identified in **bold** text in the following list.*

- a. Cardiac Surgery;
- b. Renal Dialysis;
- c. Geriatric Evaluation and Management (GEM);
- d. Home-Based Primary Care;
- e. Health Care for Homeless Veterans (HCHV);

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- f. Domiciliary Care for Homeless Veterans (DCHV);
 - g. Spinal Cord Injury (SCI);
 - h. Seriously Mentally Ill Veterans;
 - i. Substance Abuse;
 - j. Human Immunodeficiency Virus (HIV) Services;
 - k. Post-traumatic Stress Disorder (PTSD);
 - l. Comprehensive Medical Rehabilitation;
 - m. Women Veterans Health Program;
 - n. Readjustment Counseling;
 - o. **Epilepsy Monitoring Units;**
 - p. **Diabetes;**
 - q. **Comprehensive Brain Injury Medical Rehabilitation,** and
 - r. **Autopsy.**
5. The process for submitting an application is described in Attachment A.
- NOTE: Previously designated clinical "Programs of Excellence" *must* submit applications by June 29, 2001. They must compete with all new applications in order to maintain their status.**
6. Appropriately convened review committees will review program proposals.
7. Finalists will be selected on the basis of the rating factors described in Attachment A.
8. The Office of Patient Care Services, in conjunction with other appropriate VHA Headquarters' clinical offices, is responsible for the selection of members and the convening of Programs of Excellence Review Committees. Depending on the program, members are selected ad hoc with representation by Department of Veterans Affairs (VA) and non-VA experts.
9. The primary benefit of becoming a Program of Excellence is the visibility and national prestige accorded the facility and the service unit. The designation will be publicized throughout

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VHA and the health care community. Each Program of Excellence will be publicly recognized by the Under Secretary for Health. In addition, a plaque and a monetary award will be awarded to the facility when the designation is made.

10. Questions may be referred to Bonnie Leibel, R.N., Office of Patient Care Services (11), at 202-273-8527.

S/ Frances Murphy, M.D. for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachment

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ATTACHMENT A**APPLICATION INSTRUCTIONS****1. GENERAL INFORMATION**

a. Applications will be evaluated using rating factors for each program. The evaluation committee will be interested in data that demonstrates strengths in each criterion. Compare your program outcomes, performance, and/or benchmarks in each criterion to other programs inside and outside the Veterans Health Administration (VHA). Use measurable criteria that are recognized outside VHA whenever possible, for example, from professional organizations and accrediting or certifying bodies.

b. For each proposed Program of Excellence, the applicant (candidate program) must provide detailed and data-supported answers to the following questions when addressing the Rating Factors.

(1) How does the candidate program improve the quality of the Department of Veterans Affairs (VA) health care? For example, how does it reduce variation in treatment, improve patient care processes and clinical outcomes, or improve the long-term health status of the population it serves? What specific things does the program do to enhance or improve the quality of VA care? What are the program's specific measurable outcomes? What processes are used to monitor, measure, and provide feedback to practitioners?

(2) How does the candidate program improve the overall standard of care? For example, what best practices or benchmarks has it established? How has it quantifiably improved health care in general?

(3) How does the candidate program demonstrably and quantifiably improve the health of the population it serves?

(4) How does the candidate program increase overall operating efficiency? For example, does it increase efficiency by reducing inappropriate or unnecessary care, using less costly resources, reducing inventories, or allocating personnel or other resources more efficiently?

(5) How does the candidate program specifically reduce unit costs? For example, does it lower cost by improving productivity, consolidating facilities and services, downsizing underutilized services, or spreading fixed costs over a larger user base?

(6) How does the candidate program improve customer service? For example, does it increase accessibility to care by adding longer hours of service (e.g., evening or weekend clinics), increasing utilization, providing more convenient locations of service, decreasing waiting times, or reducing paperwork? How does the program build patient loyalty? How does it increase both patient and staff convenience? How does it increase the number of services readily available?

(7) What was the genesis of the candidate program? How was it initiated, and what is its potential for widespread implementation? Which patients, and how many patients, will benefit as a result of replicating the program?

c. It is not intended that Programs of Excellence will come only from highly affiliated, tertiary care facilities. Teaching and research are important, and every excellent program will contribute to education and the advancement of knowledge in ways appropriate for its environment. However, the highest weights in the evaluation are for clinical care, quality, and customer service and/or patient satisfaction. Identification and recognition of excellence across the broad spectrum of VHA facilities is expected.

2. FORMAT FOR THE APPLICATION

a. Begin your application with a narrative section entitled "Executive Summary." Limit this to one page and use it as an opportunity to succinctly summarize data about your history and background in the programmatic area for which you are applying. This brief discussion should acquaint reviewers with your current involvement in treatment, education, and research in the specific clinical area.

b. Next, address each of the rating factors. Use standard size paper, print single space and use a font size that is easily readable (10 or larger). Number each page of the application sequentially, and limit the application to 12 pages. You may append highly pertinent documents to the application (copies of awards, abstracts, media articles, etc.). If you wish to showcase your staff, one page biographical sketches should be used, not lengthy curriculum vitae.

c. Attach letters of endorsement from the facility and the Veterans Integrated Service Network (VISN) Director.

d. Submit four copies of the completed package to: Programs of Excellence Review Committee, Office of Patient Care Services (11), 810 Vermont Avenue, NW, Washington, DC 20420, by close of business (COB) **June 29, 2001.**

3. RATING FACTORS

a. **Excellence in Clinical Care Outcomes (20 points).** Address the following specific outcome measures for the clinical program for which you are applying. Briefly describe your case mix, average length of stay, number of patients treated annually, and other pertinent information that may add value to the evaluation and interpretation of your outcomes. Identify any unique, positive outcomes that exemplify your program's outstanding status.

(1) **Cardiac Surgery Program.** Risk-adjusted morbidity and mortality data from the Continuous Improvement in Cardiac Surgery Program.

(2) **Renal Dialysis Program** (for chronic renal failure patients treated for at least 3 months).

(a) At least 60 percent of patients should maintain a hematocrit > 30 percent.

(b) At least 75 percent of patients should maintain a serum albumin level of > 3.5 grams percent.

(c) At least 60 percent of patients should exhibit Kt/Volume > 1.2 or Urea Reduction Ratio of > 65 percent.

(d) Annual mortality rate no greater than 25 percent.

(3) Geriatric Evaluation and Management (GEM) Program

(a) Percentage of frail, elderly veterans receiving GEM services who were nutritionally compromised and had improved nutritional status (change in weight, albumin) upon discharge from GEM.

(b) Percentage of frail, elderly veterans who receive GEM services and were returned to home or community residential setting.

(c) Percentage of elderly veterans receiving GEM services who had improvement in their functional status.

(4) Home-based Primary Care (HBPC) Program

(a) Percentage of HBPC patients, who are able to identify that they wish to die at home.

(b) Percentage of decrease in the number of patient visits to primary care clinics for the six-month period after admission to HBPC compared to six months prior to admission to HBPC.

(c) Percentage of decrease in the number of acute hospital days for the six-month period after admission to HBPC compared to six months prior to admission to HBPC.

(d) Percentage of decrease in the number of emergency room visits for the six-month period after admission to HBPC compared to six months prior to admission to HBPC.

(5) Health Care for Homeless Veterans (HCHV) Program. *NOTE: Information described in the following will be obtained from the most recent Northeast Program Evaluation Center (NEPEC) report.*

(a) Clinical measures. Percentage of homeless patients discharged from HCHV Program who receive follow-up for a mental health or substance abuse problem.

(b) Social measures. Percentage of patients discharged from HCHV Program to a known:

1. Residence, and

2. Employment.

(6) Domiciliary Care for Homeless Veterans (DCHV) Program. *NOTE: Information described in the following will be obtained from the most recent NEPEC report.*

(a) Clinical measures. Percentage of homeless veterans who show clinical improvement on substance abuse problems at discharge from DCHV Program.

(b) Social measures. Percentage of patients discharged from DCHV Program to a known:

1. Residence, and

2. Employment.

(7) Spinal Cord Injury (SCI) Program

(a) Spinal Cord System of Care accreditation from the Rehabilitation Accreditation Commission (CARF) based upon VHA CARF Steering Committee records.

(b) Percentage of all SCI patients discharged from the SCI bed section to community living based upon the VHA National Performance Measure.

(c) Percentage of SCI Center Total Caseload having completed an Annual Evaluation during the past year based upon Spinal Cord Dysfunction Registry (SCD-R) data.

(d) Description of Quality Improvement initiatives and demonstration of subsequent improvements in clinical care.

(e) Innovations in clinical care leading to improved clinical outcomes.

(8) Seriously Mentally Ill Veterans Program

(a) Inpatient measures of effectiveness. Percentage of patients readmitted to same-bed section within 180 days.

(b) Outpatient measures of effectiveness. A useful surrogate for effectiveness is adequacy of follow up. Applicants should submit data documenting the percentage of discharged patients who have had two or more outpatient mental health visits per two-month period within six months after discharge.

(9) Substance Abuse Program

(a) Percentage of patients with active substance abuse who enter substance abuse treatment within three days of discharge from a hospitalization (including detoxification).

(b) Percentage of patients with a positive alcohol abuse screen in primary care settings who are abstinent at the six-month follow-up.

(c) For patients discharged from specialized acute care, residential, and domiciliary substance abuse bed sections (whose entire index episode of inpatient care is in a substance abuse bed section):

1. Percentage of patients who obtain two or more substance abuse or mental health outpatient visits in the 30 days after discharge.

2. Number of days between discharge from inpatient care and the first visit.

(d) Percentage of patients admitted directly to specialized substance abuse outpatient care who have two or more additional specialized outpatient substance abuse contacts in the subsequent 30 days.

(10) **Human Immunodeficiency Virus (HIV) Services**

(a) Implementation of standards of care guidelines as outlined by Under Secretary for Health Information Letters or Directives for Opportunistic Infection Prophylaxis:

1. At least 80 percent of patients, for whom prophylaxis is indicated for *Pneumocystis carinii* pneumonia, are receiving it.

2. At least 60 percent of patients, for whom prophylaxis is indicated for *Mycobacterium avium* complex, are receiving it.

(b) Implementation of standards of care guidelines, as outlined by Under Secretary for Health Information Letters or Directives, for the use of antiretroviral therapies as evidenced by the percentage of patients with whom specific discussions are held on antiretroviral therapy options, use, and adherence.

(c) Certified HIV Test Counselors Training Programs, or other specific programs, provide services for 75 percent of HIV tests performed.

(d) Percentage of patients who are provided patient-specific education, materials and information about antiretroviral therapies, use options and adherence.

(e) HIV Prevention. The percentage of patients with identifiable risk for acquiring HIV infection (history of multiple sexual partners or STD, substance abuse, homelessness, chronic mental illness) who receive appropriate risk reduction counseling and referral for HIV testing.

(f) HIV Prevention. The number of care providers (in settings such as acute care, primary care, substance abuse, mental health, medical outreach and homeless programs - as opposed to infectious disease or prevention specialists) who receive specific training in HIV risk reduction counseling.

(11) **Post-traumatic Stress Disorder (PTSD)**

(a) Change in PTSD symptoms on the short form of the Mississippi Scale from admission to follow-up four months after discharge.

(b) Change in substance abuse symptoms as measured by the Alcohol and Drug Subscales of the Addiction Severity Index (ASI) from admission to four months after discharge.

(c) Change in occupational functioning as measured by the number of dollars earned from work during the past 30 days from admission to follow-up four months after discharge.

(d) Proportion of veterans who receive a psychiatric outpatient visit within 30 days of discharge from an inpatient program.

(e) Change in violence as measured by the Violence Scale, as modified from the National Vietnam Veterans Readjustment Study from admission to follow-up, four months after discharge.

(f) Proportion of veterans successfully contacted for outcome assessment after discharge from an inpatient program.

(g) Number of hospital days for patients in the six months after discharge from an inpatient PTSD Program.

(12) Comprehensive Medical Rehabilitation

(a) Patient outcomes are tracked through the Functional Status and Outcomes Database across the full continuum of care for a minimum of two of the following impairments: amputations, traumatic brain injury, spinal cord dysfunction, or the facility's highest volume impairment if different from the three mentioned. ***NOTE:** The three identified represent special emphasis programs in medical rehabilitation.*

(b) Percentage of patients discharged to the community from the comprehensive inpatient medical rehabilitation unit, for the impairments identified in preceding subparagraph 3a(12)(a), is at, or above the community discharge rate, for the aggregate VA inpatient rehabilitation programs as reported on the Uniform Data System Corporate Report.

(c) Efficiency scores (i.e., length of stay, cost), for the impairments identified in preceding subparagraph 3a(12)(a), and discharged from the comprehensive inpatient medical rehabilitation unit, are at, or above the case-mix adjusted (Function Related Group) efficiency scores, as compared to the aggregate data of VA inpatient rehabilitation programs.

(d) Evidence reveals that follow-up assessments of patients' functional status are performed at regularly scheduled intervals following discharge from the program.

(e) The facility has implemented one or more of the VHA, or other nationally recognized rehabilitation clinical guidelines for stroke, lower-extremity amputation, or traumatic brain injury. The facility monitors its achieved outcomes, comparing its performance with published VHA national benchmarks across the continuum of care.

(f) The program has achieved three-year accreditation status through CARF for its comprehensive inpatient medical rehabilitation unit. The inpatient episode of care reviewed by CARF represents the pivotal phase in the total rehabilitative continuum of care.

(13) Women Veterans Health Program

(a) Ninety-five percent of women in your facility receive primary care in addition to gender-specific care in the Women's Health Clinic or Program.

(b) Ninety percent of women seen in Primary Care are screened for Sexual Trauma Counseling.

(c) Ninety percent of women seen are provided a private and safe environment (high level of privacy includes designated waiting rooms, exam rooms, and restroom access).

(d) Ninety-five percent of women 52 to 69 years of age have received mammography within the last two years.

(e) Ninety-five percent of women less than 65 years of age have received cervical cancer screening at least every three years.

(f) Program must develop two additional gender-specific clinical measures with evidence of data collection and outcomes, such as:

1. Percentage of positive cervical screens that result in additional procedures (i.e., colposcopy, leep, etc.) and/or hysterectomy; and

2. Percentage of positive mammograms that lead to biopsy, lumpectomy or modified radical mastectomy.

(g) Women's health care providers have specific current skills and/or advanced education in women's health and provide 90 percent of all care to women.

(14) Readjustment Counseling

(a) Crisis Response and Follow-up. All crises events involving clients where there are unusual potentially dangerous and/or life threatening situations are reported to clinical supervisors consistent with Readjustment Counseling Service (RCS) policy, and all treatments provided during the event are within appropriate clinical standards of care.

(b) Mortality and Morbidity Reviews. Comprehensive onsite external reviews of all adverse events, including suicide and/or attempted suicide, of veteran clients within 30 days of a visit with a Vet Center counselor show evidence of the following Vet Center performance: compliance with RCS reporting policy for such adverse client events; appropriate case management and clinical course of treatment received by such veterans; and timely implementation by Vet Center staff of all recommendations from the external review.

(c) Referrals. Number of veterans seen at Vet Centers and referred to VA medical centers for primary care and/or other VA or community services.

(d) Follow-up. Percentage of written and/or telephonic contact with veterans within 90 days after the last counseling visit documented in the veteran's client file.

(e) Global Assessment of Functioning (GAF) Rating. Percentage of the increase of GAF difference scores from fiscal year (FY) 1998 baseline, as compared to current FY.

(f) Clinical Recording. Clinical documentation is in compliance with program standards of care.

(15) Epilepsy Monitoring Units

(a) Evaluation of at least 20 patients annually;

(b) Annual percentage and number of monitored patients in whom an improved diagnosis results, as measured by a reduction in seizure events (pseudo seizures or seizures). A minimum of 50 percent or more of 20 or more patients is required;

(c) Annual percentage and number of monitored patients in whom a medication change results in a reduction of seizure frequency of 50 percent or more, of 20 or more patients;

(d) Annual percentage and number of monitored patients in whom epilepsy surgery is recommended and agreed to, which results in reduction of seizure frequency. A minimum of 80 percent success rate is required for patients undergoing surgery, including at least one such patient annually; and

(e) Presence of an Epilepsy Clinic in the VA medical center staffed by an epileptologist/neurologist.

(16) Diabetes. The following elements are chosen to evaluate programs that provide excellent care:

(a) Eighty-five percent of patients with HbA1c done <9.5 percent;

(b) Sixty percent of patients with HbA1c done <8.0 percent;

(c) Ninety percent of patients with LDL-C done;

(d) Sixty percent of patients with LDL <130 mg/dl;

(e) Sixty-five percent of patients with BP < 140/90;

(f) Sixty percent of patients with BP < 140/80;

(g) Seventy-five percent of patients nephropathy screened;

(h) Ninety percent of patients with foot screen: sensory exam;

(i) Seventy-five percent of patients with dilated or non-dilated eye exam;

(j) Eighty percent of the number of patients given flu shots, pneumoccal vaccine;

(k) Amputation rates; and

(l) Is the program recognized by the American Diabetes Association as an education program?

(17) Comprehensive Brain Injury Medical Rehabilitation

(a) Patient outcomes are tracked through the Functional Status and Outcomes Database across the full continuum of care for brain injury. The program monitors its achieved outcomes, comparing its performance with published VHA national benchmarks across the continuum of care.

(b) The percentage of patients discharged to the community from the comprehensive inpatient brain injury medical rehabilitation program is at, or above, the community discharge rate for the aggregate VA inpatient rehabilitation programs, as reported on the Uniform Data System Corporate Report.

(c) Program meets or exceeds VA's Traumatic Brain Injury (TBI) National Performance Measure. Evidence reveals that follow-up assessments of a patient's functional status is performed at regularly scheduled intervals following discharge from the program.

(d) The program has implemented the VHA algorithm for brain injury rehabilitation and demonstrates integration of the program within the TBI network of care.

(e) The program has achieved three-year accreditation status through CARF for its comprehensive inpatient brain injury medical rehabilitation program. The inpatient episode of care reviewed by CARF represents the pivotal phase in the total rehabilitative continuum of care.

(18) Autopsy

(a) Autopsy rate equal or greater than 30 percent for one calendar year.

(b) A description of the facility plan and performance with emphasis on what the facility has done to generate this autopsy rate.

b. Excellence in Structures and Processes (20 points).

(1) Describe in detail changes and/or innovations in structures and processes that have led to improvements in clinical services and/or improved clinical outcomes during the past three years (e.g., orienting services toward primary care). Demonstrable evidence of improvements will be weighed heavily in review of this rating factor.

(2) Describe and provide evidence of any programs or processes that could, with evaluation, be considered as best practice models for the veterans' health care system.

c. **Excellence in Customer Service and/or Patient Satisfaction (20 points).** Provide comparative data that supports the premise that the program offers excellent customer service. Data from the Customer Feedback Center at the service level may be acceptable evidence. If the clinical program has its own data on customer satisfaction, that can be used as well.

d. **Excellence in Cost Effectiveness (efficiency and productivity) (15 points).** Provide evidence that the program is both efficient and productive. Describe both nationally and locally developed efficiency measures and your performance in relation to them. Examples might include: overall program costs, evidence of higher levels of productivity, number of patients treated divided by the number of staff, etc.

e. **Excellence in Teaching and Research (15 points).**

(1) Describe involvement and achievement in educational programs disseminating basic knowledge in your specific clinical area and in training health professionals, other caregivers, affiliated students, patients, and the lay public. Include pre- and post-graduate training programs for medical and associated health care students, house staff, fellows, and other associated health profession students as appropriate.

(2) Include a description of any research component encompassing studies involving clinical issues, health services and/or education in the specific clinical area. This should emphasize specific areas of inquiry with a unifying theme derived from the expertise and direction of current programs and plans for future programs. List grants received, awards, and publications.

f. **Excellence in Use of Human Resources (10 points).**

(1) Describe achievements in recruitment of well-qualified staff, retention of staff, staff development, staff recognition, and multi-task and cross-training.

(2) Describe your efforts to become an "employer of choice" and any special accomplishments or recognition in this regard.